Maria Kekus

Nurse Practitioner

HealthWEST Te Puna Manawa

Auckland

Dr Tania Pinfold

Youth Health

Rotorua

Maintaining Youth Mental Health - Managing Common Pathologies - Concurrent Workshop

Saturday, 22 June 2013 Start 4:30pm Duration: 60mins Sigma

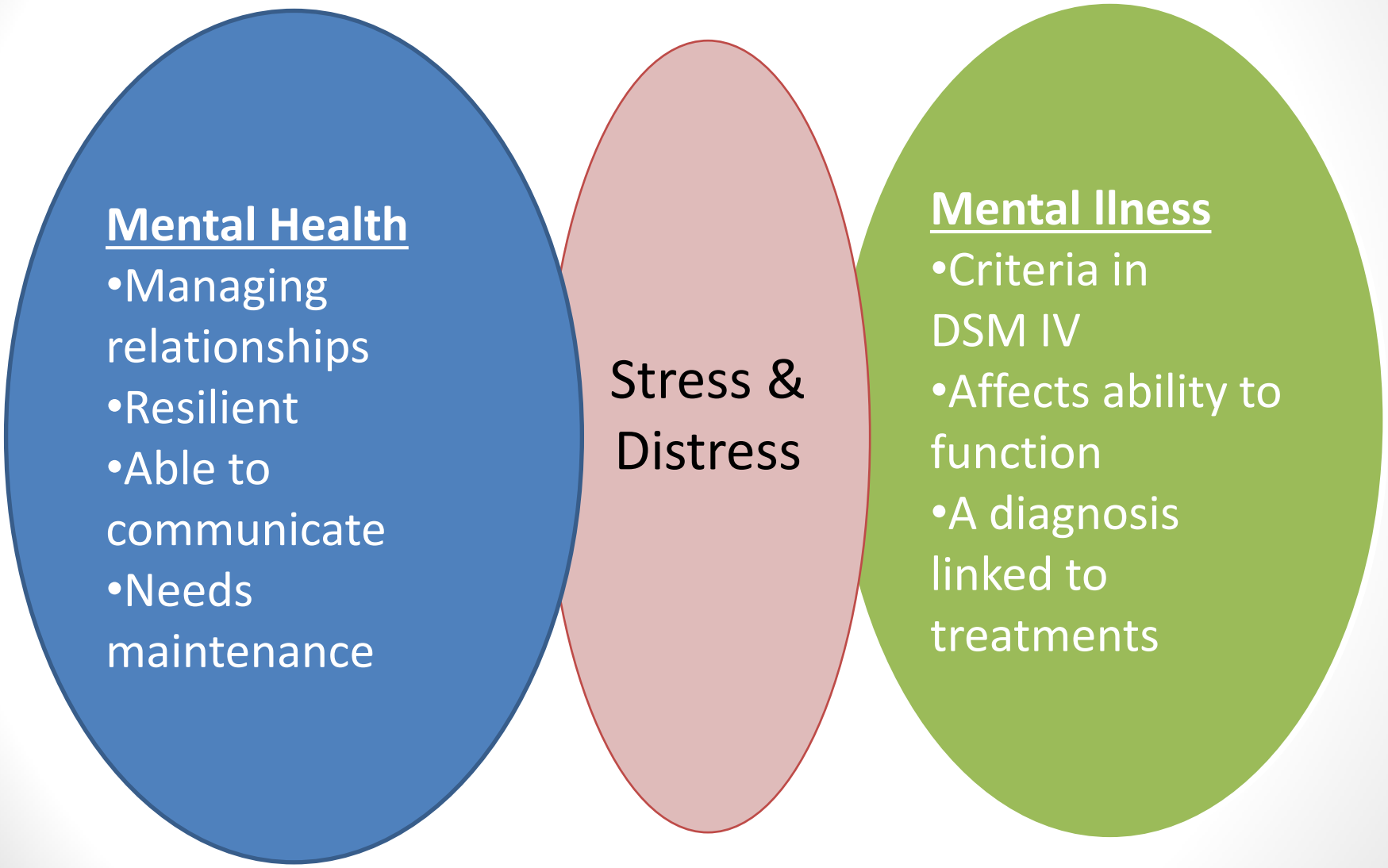
How GPs can support good youth mental health

Dr Tania Pinfold
Clinical Leader
Rotovegas Youth Health
June 2013

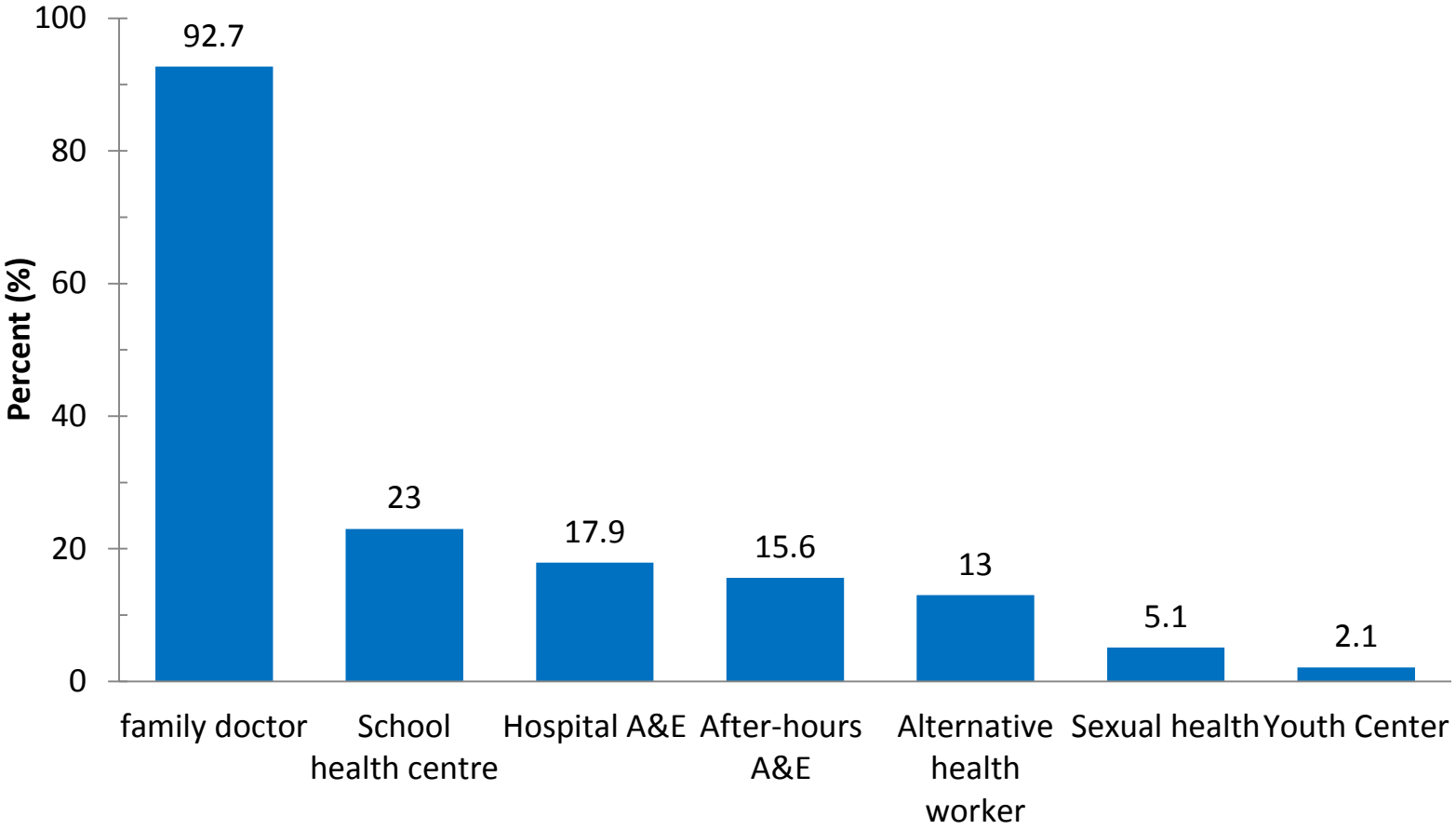
Remember this!

- Every interaction with a young person in primary care should be regarded as an opportunity to assess their psychosocial as well as physical wellbeing.
- Developing a strong working relationship with a young client when there ISN'T a mental health problem gives you future access when there IS a mental health problem.

The Continuum



Where do young people get health care?



www.youth2000.co.nz

Barriers to YP Accessing Mainstream Health Care

Doesn't fit for them

- No money
- No time
- No transport
- Unfriendly / inflexible
- Perceived as un-confidential

(Source: *Youth2000* survey, NZ)

Forgone health care among secondary school students in New Zealand

- One in six students (17%) had not seen a doctor or nurse when needed in the last 12 months. Female Maori and Pacific students and those living in neighbourhoods with high levels of deprivation were more likely to report forgone health care. Students with chronic health problems, those engaging in health risk behaviours or experiencing symptoms of depression were more likely to report being unable to access health care when needed. Students reporting privacy concerns were more likely to report difficulty accessing health care for sensitive health issues, such as sexual health, emotional problems, pregnancy-related issues, stopping cigarette smoking, or alcohol or drug use. **Simon Denny et al MARCH 2013 JOURNAL OF PRIMARY HEALTH CARE**

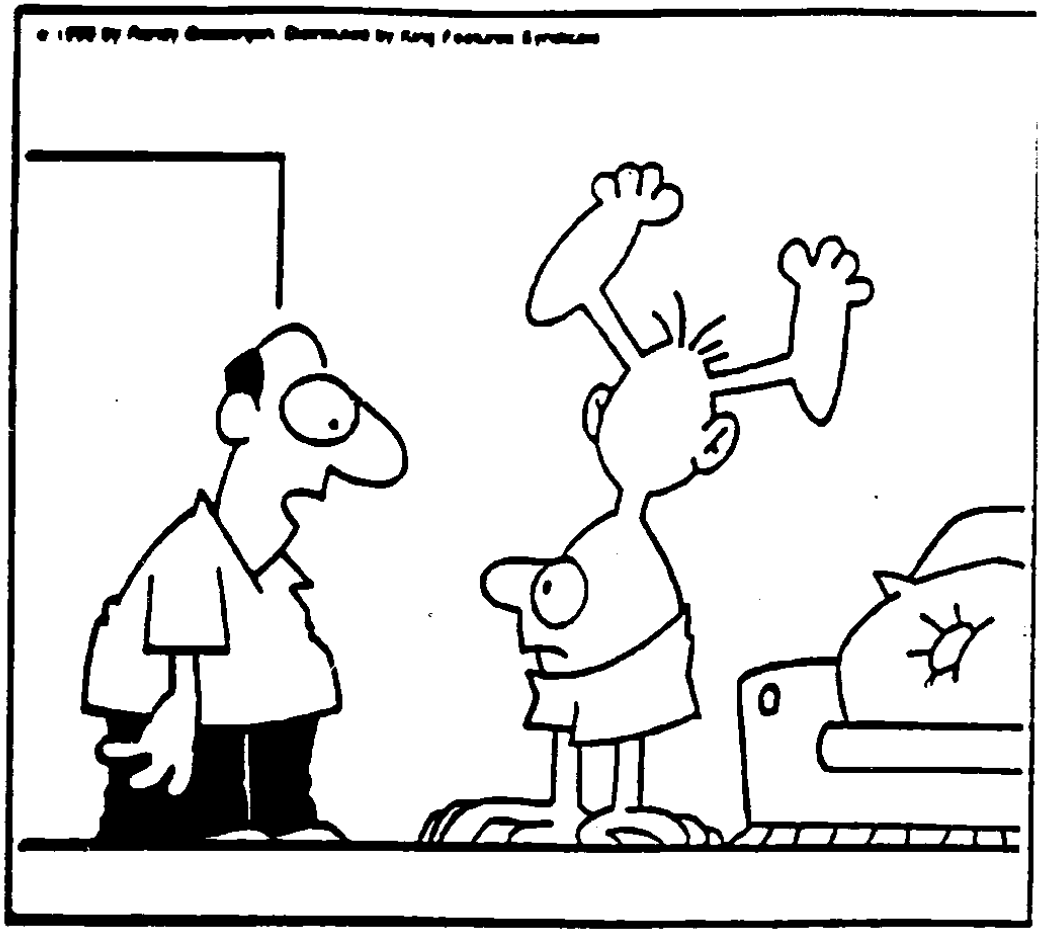
Nurses are our best allies

- Practice Nurses developing Youth Health skill
- PNSIs
- Nurse Practitioners with YH scope of practice

The developmental tasks of adolescence:

- Growing an adult body
- Developing own identity
- Developing self-determination
- Establishing emotional independence
- Establishing own values, morals, ethics
- Developing empathy and reciprocity in relationships
- Establishing sexual identity
- Developing intellectual capacities and skills
- Gaining skills for financial independence

from R Havighurst 1972



'You're a teenager now, Lester. Your body is changing in ways that are hard to understand'

Definition of "Youth"

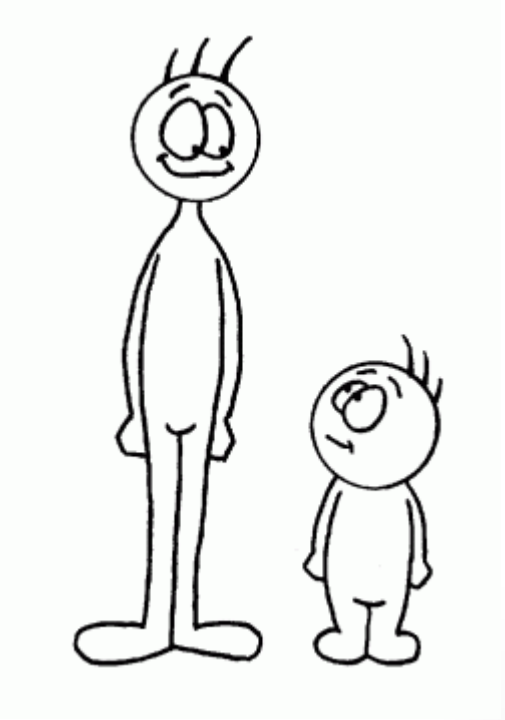
World Health Organisation

- Adolescents = 10-19
- Youth = 15-24 yrs
- Young people = 10-24 yrs

Major physical changes

- In puberty boys gain 25cm of height and 50% of their ideal body weight

  -> lots of eating and sleeping !



Frontal lobe connections are not completed until 20-something (don't expect adult thinking)

- Executive functions - CEO of the brain
- Planning
- Prioritising
- Judgement
- Impulse control
- Anticipating consequences

Revving the engines without a skilled driver

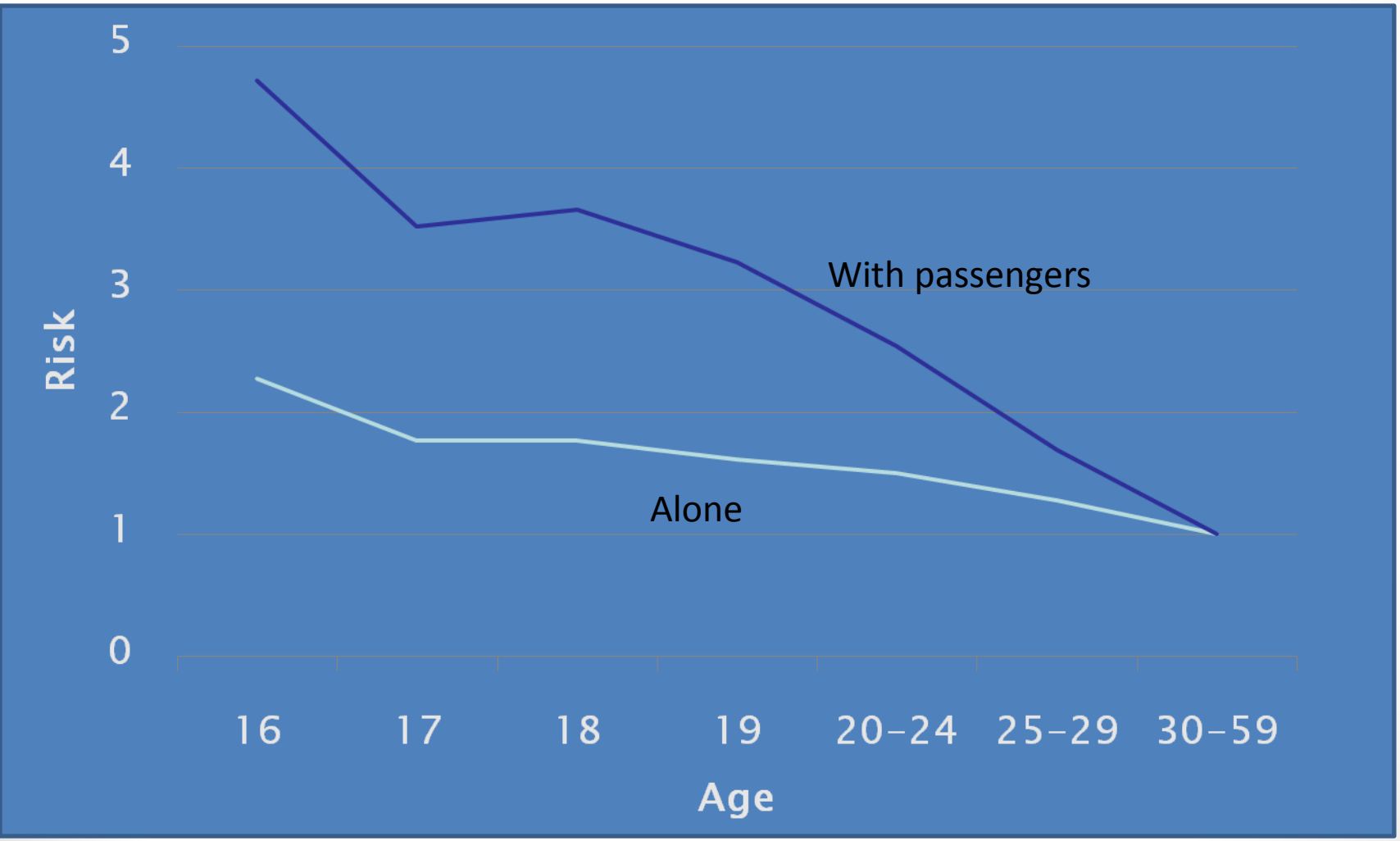
Hypothesis:

- Earlier timing of puberty results in several years with a sexually-mature body and sexually-activated brain circuits . . . yet with relatively immature neurobehavioral systems necessary for self-control and affect regulation

Predict:

- Increased risk for disorders of self-control; difficulties navigating complex social-emotional situations

Crash risk by age



Preusser et al 1998

Coaching over the bumps in the road

- 50% of patients leave the doctor not knowing what they have been told
- When we explain badly (or not at all) we add to the stress and distress!

Chronic Illness

- These young people are dealing with all the normal developmental challenges of adolescence, plus the challenges of their illness
- Malignancies
- Asthma
- Diabetes
- other

Young people with a chronic illness often have:

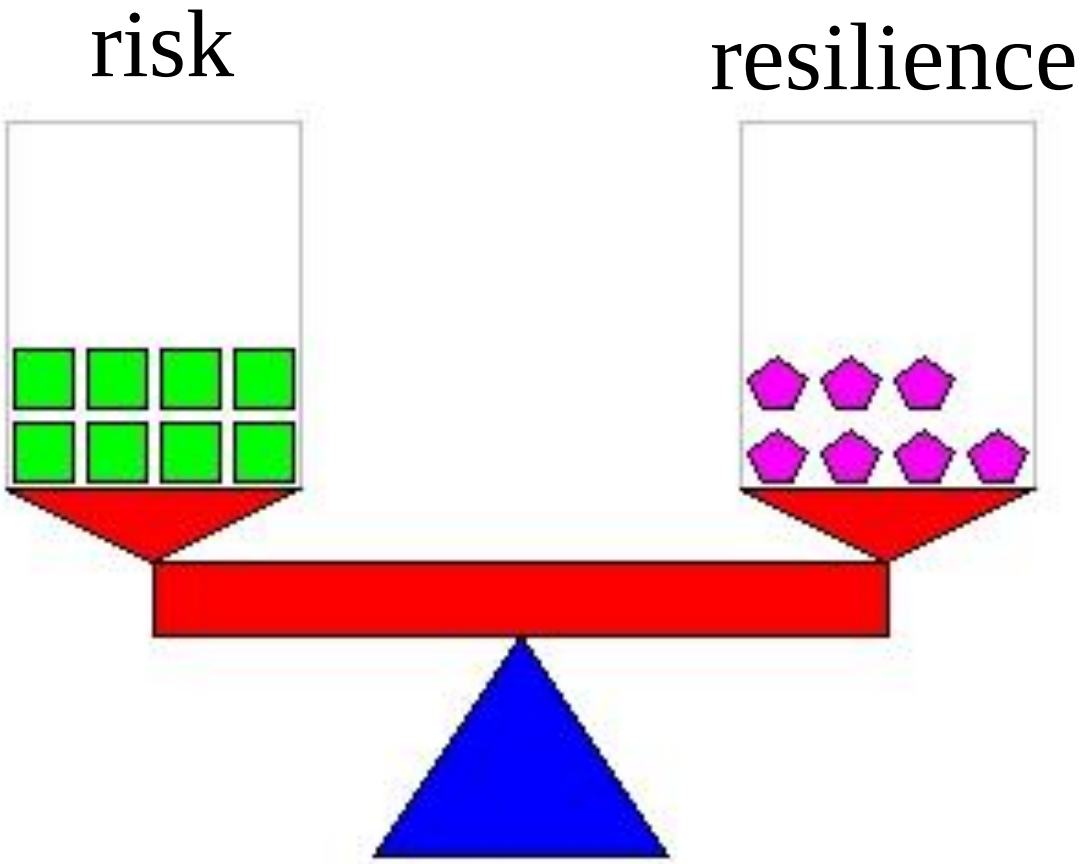
- Lower self esteem
- Lower happiness measures
- Higher anxiety levels
- Lower perceived popularity
- Greater self-consciousness …than peers

- Plus difficulty keeping up with education, dealing with social isolation, individuating

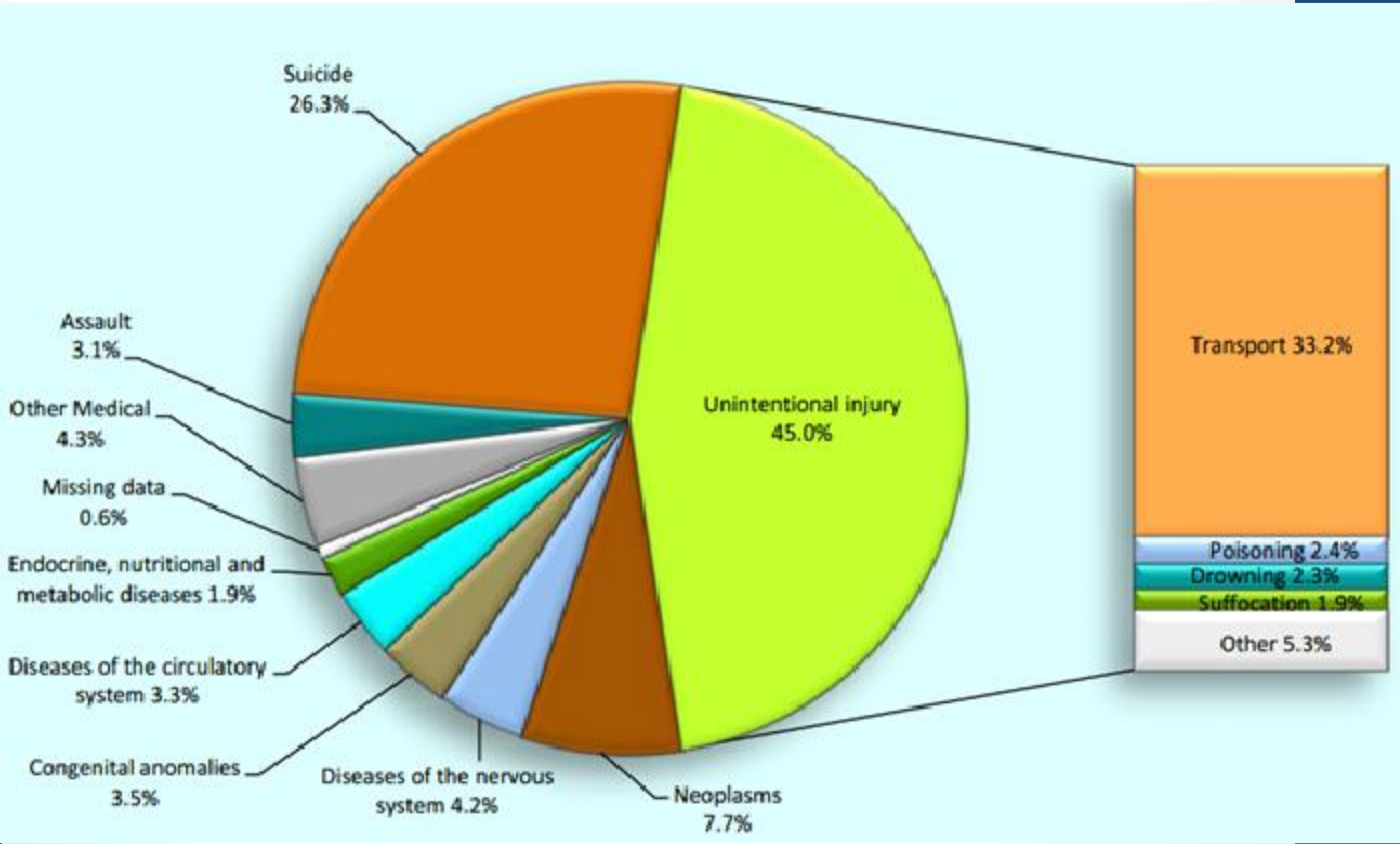
Need to ask ourselves

- What are other kids doing at this age?
- What creative ways can we find to approximate this?
- What would they be doing if they weren't sick / in hospital?

Risk and Resilience



Mortality (%) in young people aged 15-19 years by cause of death, New Zealand 2006-2010 (n=932 deaths)
Source: Mortality Review Database



Risk Taking

Do not assume that all risk taking in young people equals problematic or self destructive behavior.

It is a developmental imperative !

Prediction of suicide attempt

Males

- 3 risk, 0 protective: 20%
- 3 risk, 3 protective: 4%
- 0 risk, 3 protective: <1%

Females

- 3 risk, 0 protective: 30%
- 3 risk, 3 protective: 8%
- 0 risk, 3 protective: <1%

Attachment, social relatedness (connectedness)

- Disruption in early attachment can exert lifelong effects on social competence and mental health
- Social relations are an essential component of good mental health
- Social relatedness includes processing of social stimuli, imitation and perspective taking, emotions induced by social interactions and awareness of self and others
- => We must promote and support healthy connections to family, school, sport, community etc.

Correlations between family meals and psychosocial well-being among adolescents

4746 adolescents from diverse communities in the Minneapolis metropolitan area.

RESULTS:

~ ¼ of respondents ate 7 or more family meals in the past week

~ ¼ ate family meals 2 times or less.

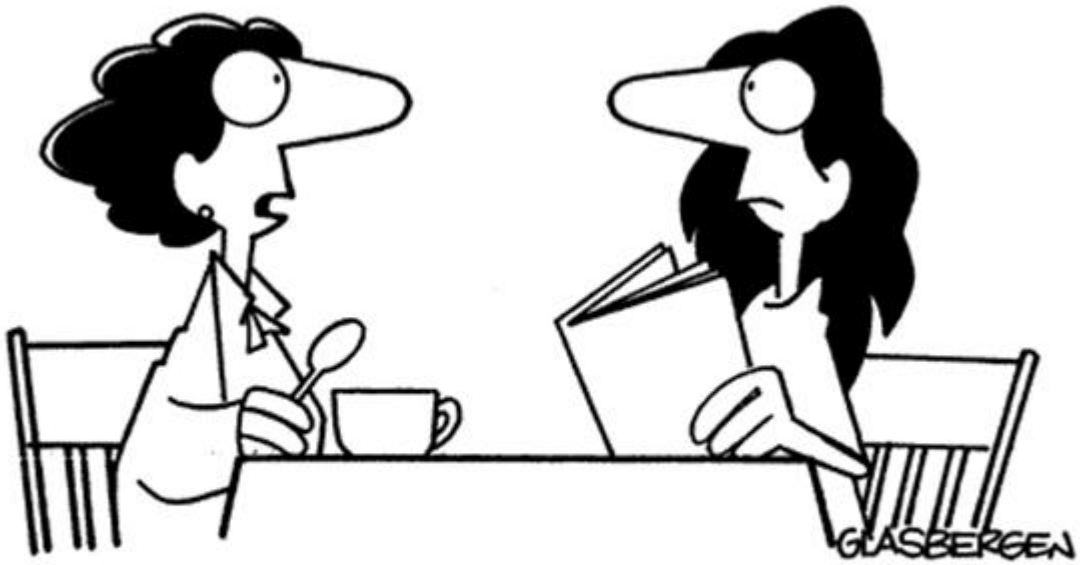
Frequency of family meals was inversely associated with tobacco, alcohol, and marijuana use; low grade point average; depressive symptoms; and suicide involvement

(Eisenberg ME et al, University of Minnesota.)

Supporting parents: parenting styles

	Demanding : yes. **Supervision, boundaries.**	**Demanding: no.** **Lacking supervision, boundaries**
Warmth: yes. Encouraging self regulation and individuality. Meeting needs.	AUTHORITATIVE Assertive, supportive, negotiated outcomes. Secure YP, competent, resilient, motivated.	PERMISSIVE Lenient. Avoid confrontation. YP lacking self regulation, unmotivated, issues with authority.
Warmth: no. Rigid, no negotiation. Not meeting emotional needs.	AUTHORITARIAN Demanding, expecting obedience, inflexible. YP with low happiness, self-esteem, competence.	NEGLECTFUL No rules. Not meeting needs. YP pessimistic, antisocial, poor self control.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence, 11(1),* 56-95.



"Friday night you stayed out until almost 9:00, yesterday you had cola instead of milk and this morning you forgot to floss. Your father and I are afraid you're getting too wild."

The parentectomy (who is the client?)

- Seeing a young person alone, at least for part of the consult, avoids the assumption of collusion with the parents. It also invites more interaction and a mature response.
- This must be done without alienating the parent.
- Normalise and contextualise e.g. “It is great that you are here together today. What we usually do is see young people with and then without the parent. This helps the young person to learn how to have their own Dr conversation without a parent helping. We will get you back in at the end of our talk.”
- Negotiate with the YP what info can be shared with the parent at the end.

- House of Lords in 1985 *Gillick v West Norfolk and Wisbech AHA :*

  “whether or not a child or young person can give an effective consent to medical treatment depends on that individual’s capacity to make an informed decision. This is generally accepted as binding for New Zealand courts.”

  (the Gillick standard)

“Consent in Child and Youth Health - Information for Practitioners ”

On Ministry of Health website:

www.moh.govt.nz

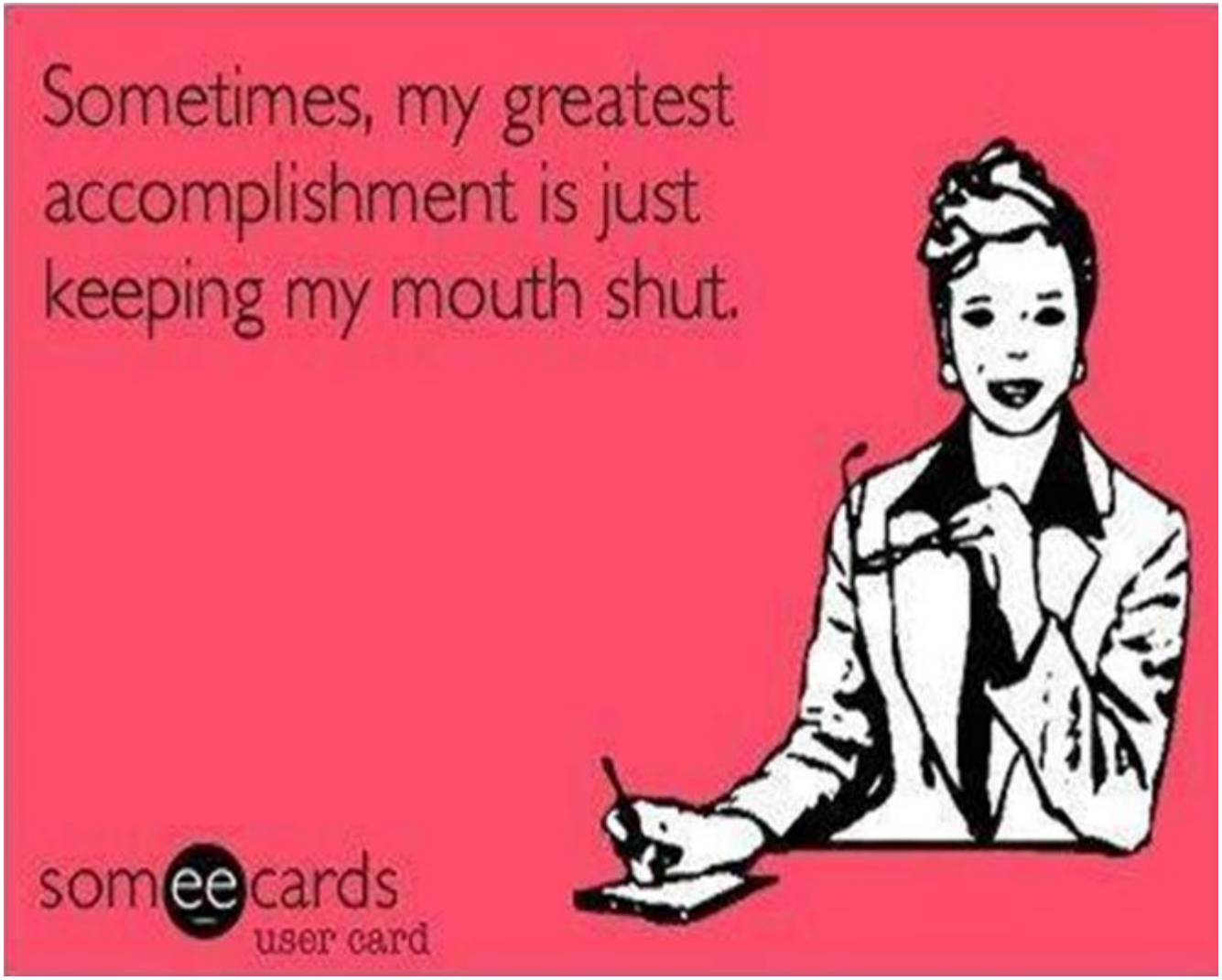
Communicating well with young people

Be….

- ✓Yourself
- ✓Warm and welcoming
- ✓Caring
- ✓Approachable
- ✓Good at listening
- ✓Non-judgmental
- ✓Honest and real – no bull!

Communication considerations

- Being non-judgmental does not mean condoning risky behaviour
- Focus and allow time – not a catch-up consult!
- Provide things to do/fiddle with while talking
- Use humour
- Use affirmations
- Let them teach you too


Sometimes, my greatest accomplishment is just keeping my mouth shut.
someecards
user card

Motivational Interviewing: BEARDS

- Button up!
- Express empathy
- Avoid arguing
- Roll with resistance
- Develop discrepancy
- Support self-efficacy

PM's Youth Mental Health Project

- 22 workstreams, 4 Ministries. (MOH,MOE, MSD, TPK)
- W2: "Expand the use of the HEEADSSS wellness check in primary care settings"
- W5: "Improve the responsiveness of primary care to Youth"

HEEADSSS A developmentally appropriate bio-psycho-social assessment

- Provides an chance to develop rapport
- Makes sure you leave out nothing important
- Gives a clear clinical impression of risk and resilience factors
- Ensures intervention and follow up is appropriate and maximally effective

(see trainings referred to at end of presentation)

An essential tool:
"HEEADSSS assessment" (since 1988)
Learn it!! Use it!! (See trainings at end.)

- Contemporary Pediatrics Jan 1, 2004

  John M. Goldenring, David S Rosen

  Getting into adolescent heads: An essential update

  "For teenagers, a psychosocial review of systems is at least as important as a physical exam."

- Home
- Education / employment (Eating disorders)
- Activities and interests
- Drugs and alcohol
- Suicidality / mental health
- Sexual health / sexuality
- Spirituality (Savagery –violence)

- => **Risk and Resilience factors** identified
- => Appropriate, targeted, prioritised responses

HEeADSSS - *do ask*

- *If you don't ask they won't tell* (Bob Blum)
- If you do ask, in the right way at the right time, they usually do tell
- Do ask, even if you think you know the answer
- Move from less sensitive to more sensitive topics
- Move from the third person approach to the personal

HOME

- ✓Who lives with you?
- ✓Who are you closest to at home?
- ✓Who can you talk to at home?
- ✓Have you moved recently?
- ✓Have you lived with other family members? (Why?)

EDUCATION/EMPLOYMENT

- ✓What are your favourite subjects at school?
- ✓Your least favourite subject?
- ✓How are your marks going? Staying the same / getting worse / better?
- ✓Have you changed school in the past few years?
- ✓What are your future education/employment plans/goals
- ✓Are you working? Where? How much?

EATING

We need to remember to ask about eating, however there are few evidence-based interventions that work when dealing with young people and obesity or eating disorders

- ✓What do you like or not like about your body?
- ✓Have there been changes in your weight?
- ✓What regular exercise do you do?
- ✓Have you dieted in the last year. How? How often?

ACTIVITIES

- ✓What do you and your friends do for fun? (with whom, where and when?)
- ✓What do you and your family do for fun?
- ✓Do you participate in any sports or other activities?
- ✓Do you regularly attend a church group, club, or other organised activity?

DRUGS

- ✓Do any of your friends use cigarettes? Alcohol? Or other drugs?
- ✓Does anyone in your family use cigarettes? Alcohol? Or other drugs?
- ✓Do you use cigarettes? Alcohol? Or other drugs?
- ✓Is there a history of alcohol of drug problems in your family?
- ✓Does anyone at home smoke cigarettes?

SEXUALITY

- ✓Have you ever been in a serious relationship?
- ✓Have any of your relationships ever been sexual?
- ✓Are you on contraception
- ✓Do you use condoms

SUICIDE & DEPRESSION

- ✓Do you feel sad or down more than usual?
- ✓Do you find yourself crying more than usual?
- ✓Are you ‘bored’ all the time?
- ✓Are you having trouble falling asleep?
- ✓Have you thought a lot about hurting yourself or someone else?

Essential Questions- SUICIDE & DEPRESSION

- **S** sleep: insomnia, hypersomnia
- **A** appetite or weight change
- **D** dysphoria: bad mood, irritabiltiy, sadness
- **F** fatigue: e.g. difficulty completing tasks
- **A** agitation / retardation
- **C** concentration and memory
- **E** esteem: low, guilt, dwell on past events
- **S** suicidal thoughts.

Essential Questions-SAFETY

- Safety

✓Have you ever been seriously injured? (How?) How about anyone else you know?

✓Do you always wear a seatbelt in the car?

✓Have you ever ridden with a driver who was drunk or high? When? How often?

Essential Questions-SAFETY

- Safety

✓Do you use safety equipment for sport or other physical activities (eg bike helmets)

✓Is there any violence at your school? In your neighbourhood? Among your friends?

✓Have you ever been physically or sexually abused? Have you ever been raped, on a date or at any other time? (If not previously asked)

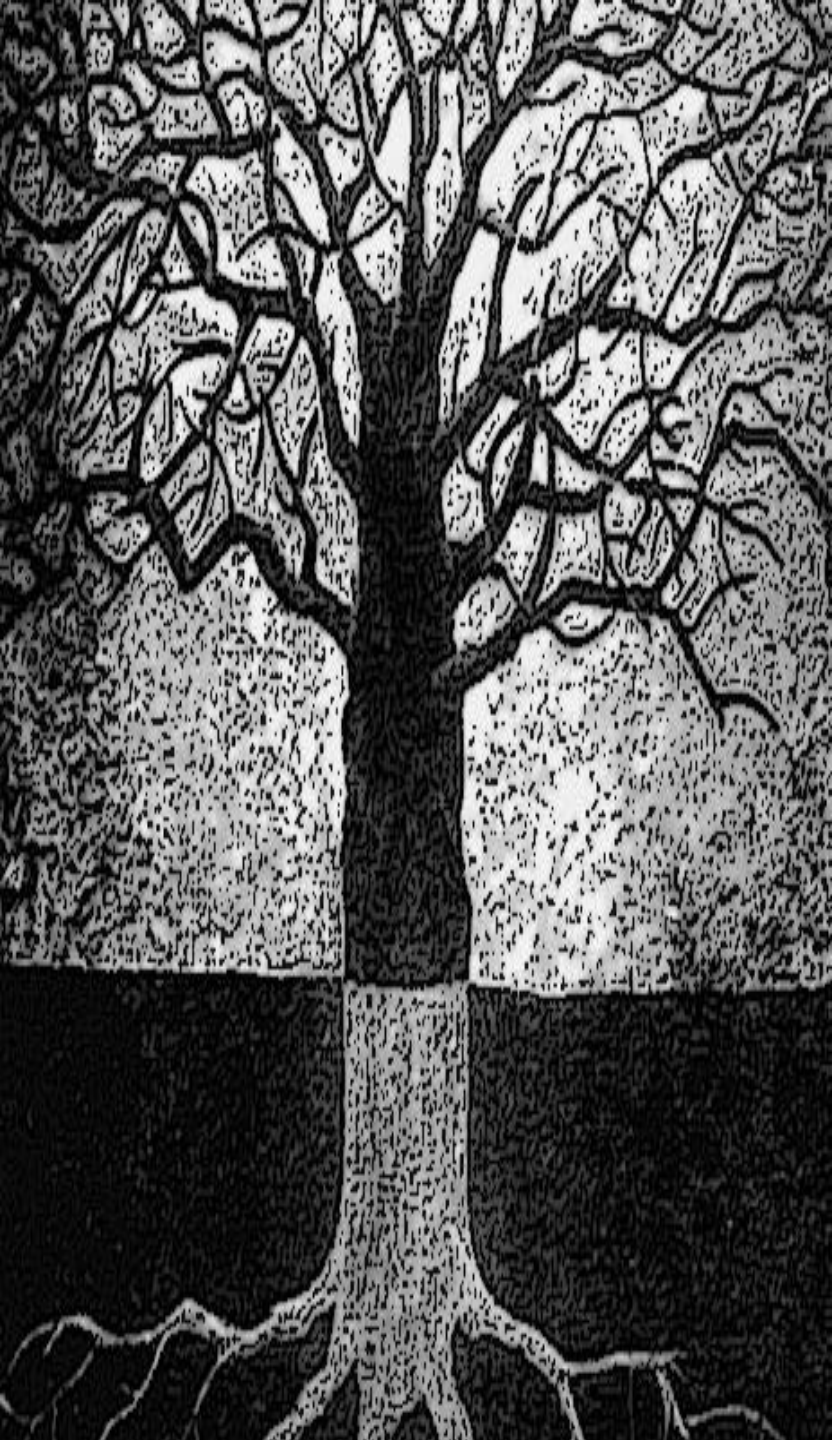
It helps if to remember that most young people:

- Are connected to family
- Are engaged in school/work
- Have friends
- Are happy and successful
- Listen to parents more than we realise
- Have arguments that are usually resolved, and are around curfews and chores (“dumb stuff”)

See youth2000 and youth2007 for NZ data

Interventions should

- Be based on the level of risk
- Decrease risk factors; increase resilience / protective factors
- Work within relevant contexts – social, family, cultural, school/work etc
- Be acceptable to the young person
- Be part of a comprehensive approach (beyond “health”)
- Use diverse back-up resources and networks



CORE COMPETENCIES

- Developmental aspects
- Consent and confidentiality
- Transition
- Chronic illness
- Enhancing behaviour change (MI)
- Youth Development
- Effective interventions/programmes
- Access and barriers
- Communication, engagement
- Risk and Resilience
- Health assessment (HEADSs)
- Cultural competency

- Solid professional grounding

nursing/medicine/counselling/youth work

- Attitudes, knowledge, skills, wairua

TOTALLY

INSPIRINGLY

YOUTH HEALTH

Skills to build resilience and mental well-being

WELLINGTON 2013

Friday 11th October/Sunday 12th October

Horne Lecture Theatre, Wellington Hospital

KEYNOTE SPEAKERS

Arran Culver – Deputy Director of Mental Health, Ministry of Health
Consultant Child and Youth Psychiatrist, CCDHB
Terryann Clark – Principal investigator – Youth'12, Senior Lecturer, Auckland University
Marc Wilson – Associate Professor, School of Psychology, Victoria University
Simon Denny, Adolescent Physician, Senior Lecturer, Auckland

Information & Registration

www.syhpanz.co.nz

SYHPANZ

The Werry Centre

for Child & Adolescent Mental Health Workforce Development

is pleased to inform you of the upcoming HEeADSSS Assessment Workshops for Primary Health Practitioners

HEeADSSS Assessment in Primary Health

Providing a blended approach to Learning – E-Learning and Face to Face Workshops

Training will be available in Northern, Central, Midland and Southern areas

Venues and dates to be confirmed

The Department of Prime Minister and Cabinet (DPMC) recently led a cross-agency project looking at improving services for young people with, or at risk of, mild to moderate mental health disorders.

The HEeADSSS assessment tool is a widely used instrument used across the health sector for the early identification of mental health, Alcohol and Other Drug (AOD) and other concerns for young people. As such, the Werry Centre will be delivering HEeADSSS assessment training to the Primary Health Workforce in the upcoming months – the target audiences being School nurses, School Counsellors, Youth Workers, Practice Nurses, General Practitioners, and Social workers.

Using an innovative approach to learning, the Werry Centre is also leading the development of an e-learning tool that will complement HEeADSSS training workshops.

Visit our Website for more information on when Workshops will be available in your area. www.werrycentre.org.nz

cfyh@middlemore.co.nz

YOUTH HEALTH WORKSHOP

The Youth Health Workshops provide practical programmes to enhance professional skills when working with young people in clinical and community settings. The Centre for Youth Health is happy to consider additional training for health providers if requested.

WHERE:

Youthline Manukau

145 St George Street, Papatoetoe

THE HEEADSSS ASSESSMENT

14 FEBRUARY 19 MARCH 20 JUNE 6 AUGUST

A one day introduction to clinical practice in youth health including: communication and engagement in youth health and using the HEEADSSS assessment model.

FEE: $75 (Free for CMDHB and ADHB Staff)

WHO SHOULD ATTEND? Anyone working with young people.

WHAT COMES AFTER HEEADSSS?

16 APRIL 22 OCTOBER

This one day course gives an introduction to intervention skills when working with young people such as problem solving, motivational interviewing and discussing principles of behaviour change in young people.

FEE: $75 (Free for CMDHB and ADHB Staff)

WHO SHOULD ATTEND? Those who have completed the HEeADSSS Assessment training.

Bookings are essential and confirmation will be given on receipt of payment.

For bookings or further information please contact the Centre for Youth Health

Phone: (09) 261 2272
Fax: (09) 261 2273

E-mail:
cfyh@middlemore.co.nz

We regret that CfYH is unable to give refunds.

Arrangements can be made for credits for future training

Please check our website for updates on times, dates and information about our courses.

Website: http://www.healthpoint.co.nz/default,23135.sm

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Children's Hospital & Community Health

Centre for Youth Health

POSTGRADUATE STUDY IN

YOUTH HEALTH

The Centre for Youth Health is delighted to continue supporting Youth Health training with The University of Auckland. This postgraduate degree aims to integrate the best of academic, research and real world experience for health professionals and others wanting to work at an advanced level with youth. For 2013 the following courses are available:

CLINICAL YOUTH HEALTH 1 (PAEDS 712)

Semester One: Core skills in youth health including: effective engagement, assessment and intervention skills for working with young people in a range of clinical or community settings.

TEACHING DAYS: **15 MARCH, 12 APRIL, 10 MAY, 31 MAY**

WHO SHOULD ATTEND? Anyone working with young people.

POPULATION YOUTH HEALTH (POPLHLTH 732

Semester One: This course aims to prepare students for a role in youth health in a variety of locations and sectors. In doing this, students are exposed to current research and practice relating to population youth health and evidence-based health care.

TEACHING DAYS: **18 MARCH, 8 APRIL, 6 MAY, 27 MAY**

HEALTH, EDUCATION AND YOUTH DEVELOPMENT (PAEDS 719)

Semester Two: This course offers insights and strategies to work with young people in the rapidly developing health and education sector interface.

TEACHING DAYS: **2 AUGUST, 23 AUGUST, 27 SEPTEMBER, 18 OCTOBER**

WHO SHOULD ATTEND? Health Professionals working within school settings.

YOUTH HEALTH LEADERSHIP (PAEDS 720)

Semester Two: This course aims to extend participants knowledge of youth health and well-being and prepare participants for leadership roles in youth health. Participants will expand their knowledge of the theory of youth development and study examples of effective youth development programs.

For further information, see The University of Auckland website:

http://www.health.auckland.ac.nz/population-health/study

and click Youth Health in the subject list.

From here you can fill out an expression of interest and we will contact you.

Alternatively, send academic enquiries to

Dr Simon Denny

Email:

s.denny@auckland.ac.nz

THE UNIVERSITY OF AUCKLAND

FACULTY OF MEDICAL AND HEALTH SCIENCES

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